

STANDARD FORM 215 (REV. 5-90)		DEPARTMENT OF THE TREASURY	
PRESCRIBED BY DEPT. OF TREASURY		FINANCIAL MANAGEMENT SERVICE	
1 TFM 5-3000 215-103		NSN 7540-01-019-9452	
DEPOSIT NUMBER	DATE PRESENTED OR MAILED TO BANK M M D D Y Y	8-DIGIT OR 4-DIGIT AGENCY LOCATION CODE (ALC)	AMOUNT
(1) 701265	(2) 12/16/05	00005570	\$ 525.00
SINGLE SPACE ALL ENTRIES ON THIS LINE USE NORMAL FUNCTIONS-OMIT \$ SIGN			
(6) AGENCY USE USAG-HOHENFELS DFAC, GERMANY UNIT *****, APO AE ***** DSN 314-***-***** DEPOSIT REQUEST FORWARDED			
JOSEPH A.MYRDA, D.O. DISBUSING OFFICE UNIT 23142 APO AE 09227		(7) NAME AND ADDRESS OF DEPOSITORY COMMUNITY BANK APO AE ***** 16-Dec-05	
		(8) I CERTIFY THAT THE ABOVE AMOUNT HAS BEEN RECEIVED FOR CREDIT IN THE ACCOUNT OF THE US TREASURY ON THE DATE SHOWN, SUBJECT TO ADJUSTMENT OF UNCOLLECTIBLE ITEMS INCLUDED THEREIN. <div></div> <div></div> <div>M M D D Y Y</div>	
(9) DEPOSITORS TITLE, DEPARTMENT, OR AGENCY, AND ADDRESS DEPOSITARY FORWARD TO DEPOSITOR. DEPOSITOR SUBMIT THIS COPY WITH MONTHLY REPORT TO DEPARTMENT OF THE TREASURY		AUTHORIZED SIGNATURE ORIGINAL	
		CONFIRMED DATE 215	